Name (Print/Type)

es E. Ruland

Effective on 12/08/2004.

ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

10/790,690

PTO/SB/17 (12-04v2)
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Application Number

ree i	KANS	OIVII I I A	~ L	Filing Date	March 3, 2004	March 3, 2004		
for FY 2005				First Named Invent	or Mark VERRALL	Mark VERRALL et al.		
☐ Applicant claims small entity status. See 37 CFR 1.27				Examiner Name BERMAN,		Susan W.		
				Art Unit 1711				
TOTAL AMOUNT OF PAYMENT		(\$) 1,330.00		Attorney Docket No. MERCK-1972-D0		02		
METHOD OF PAYMENT (check all that apply)								
☐ Checks ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):								
Deposit Account Deposit Account Number: 13-3402 Deposit Account Name: Millen White Zelano & Branigan, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authoriza			c. Credit card init	Jimation should in	or be included on the	3 101111. 7 10 1140 1	Todic dard	
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING			RCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Enti	<u>ty</u> Fee(\$mall E ₁ \$) Fee(\$)		Small Entity Fee(\$)	(Fees Paid (\$)	
Utility	300	150	500	250	200	100	rees raid (4)	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$) Fee (\$)								
Each claim over 20				50	25			
Each independent cl	ncluding Reiss	sues)			200	100		
Multiple dependent claims Total Claims Extra Claims Fee(\$)				Fee Paid (\$)		360 Multiple	180 e Dependent Claims	
-20 or F		x	=			Fee (
HP = highest number	of total claims	— paid for, if greate	er than 20.					
Indep. Claims	<u>Extra</u>	Claims	Fee(\$)	Fee Paid (\$)				
3 or H	P=	x	=					
HP = highest number	of independen	t claims paid for,	if greater than 3.					
3. APPLICATION SI				: .				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Petition for Extension of Time (3 months); IDS; Terminal Disclaimer 1,330								
SUBMITTED BY		1/9					·	
Signature		1/2		Registration N		Telepho	one 703-243-6333	

This collection of information is fequired by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)